

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030911

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	INC.	DEP.		
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
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48							98						
49							99						
50							100						
TOTAL	1		1				TOTAL						
IND.	1		1				IND.						
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